

treatment therapy became more complex according to the guidelines.

PMH30

FACTORS AFFECTING COST OF SCHIZOPHRENIA TREATMENT WITH ATYPICAL ANTIPSYCHOTIC AGENTS

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OBJECTIVE: Atypical antipsychotic agents are considered the first-line treatment of schizophrenia. Aim of present study was to identify factors affecting the cost of schizophrenia treatment with atypical antipsychotic agents. **METHODS:** A retrospective database study was conducted in three public hospitals in Hong Kong. Patients initiated on atypical antipsychotic agents (amisulpride, olanzapine, quetiapine and risperidone) between March 2003 and September 2003 for treatment of schizophrenia for at least three months was recruited. Patient medical records were reviewed for up to 12 months before and after initiation date of the antipsychotic agents to retrieve baseline demographic and clinical factors and health care resource utilization for schizophrenia. A multiple regression model was used to identify demographic, clinical factors and choice of atypical antipsychotic agents with significant association to health care resource utilization. **RESULTS:** Eighty-two patients were included in the analysis. Thirty-four (41%) patients were male and mean age was 43 ± 14 years. The mean cost per patient per month was USD 431 ± 914 (1USD = 7.8HKD). Three factors were associated with direct medical cost of health care resource utilized: 1). History of drug abuse (RR = 1.26; 95% CI = 1.05–1.52); 2). prior use of depot antipsychotic (RR = 1.22; 95% CI = 1.05–1.42); and 3). previous duration of hospitalization before initiation of atypical antipsychotic therapy (RR = 1.00; 95% CI = 1.00–1.01). **CONCLUSION:** History of drug abuse, prior use of depot antipsychotic, previous duration of hospitalization appeared to be influential to direct medical cost of atypical antipsychotic treatment. The choice of antipsychotic agents did not appear to affect the cost of treatment.

PMH31

12 MONTH COST-UTILITY ANALYSIS OF ORAL ANTIPSYCHOTIC TREATMENTS IN PATIENTS WITH SCHIZOPHRENIA IN THE PAN-EUROPEAN SOHO (SCHIZOPHRENIA OUTPATIENT HEALTH OUTCOMES) STUDY

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OBJECTIVE: To determine the cost-effectiveness (measured using an incremental cost-utility ratio) of treating schizophrenia patients with olanzapine versus risperidone, quetiapine, amisulpride, or oral typical antipsychotics. **METHODS:** European SOHO is a 3-year, prospective, outpatient, observational study associated with antipsychotic treatment in 10 European countries. Health care resource use and quality of life data (EuroQol EQ-5D and UK population utility values) were collected at baseline, 3, 6, and 12 months. UK health care costs were applied to the resource use data for the 10 countries. Pair-wise incremental costs and utilities were estimated between olanzapine-treated patients and patients treated with each of the other oral antipsychotics. Utility increments were used to estimate quality-adjusted

life-years (QALYs) gained. Incremental cost-utility ratios were expressed as the additional cost per QALY gained. Bootstrap replications provided an estimate of uncertainty. **RESULTS:** A total of 10,972 patients were enrolled at baseline, 80% were eligible for analyses at 12 months. Treatment with olanzapine is more effective and less costly than quetiapine and amisulpride. Treatment with olanzapine is more effective compared to treatment with risperidone. The incremental cost is marginal. The incremental cost-utility ratio was £5156 per additional QALY gained. The bootstrap replications for the above comparisons showed 100% of the replications falling below a £30,000 per QALY threshold. Treatment with olanzapine is more effective compared to treatment with oral typical antipsychotics. The additional cost is marginal. The incremental cost-utility ratio for olanzapine versus oral typical treatment was £15,696 per additional QALY gained. The bootstrap replications showed 97% of the replications below a \$30,000 per QALY threshold. **CONCLUSIONS:** Among SOHO patients, if a funding threshold of ≤30,000 per QALY gained is assumed, olanzapine has a high probability of being the most cost-effective treatment compared with atypical and oral typical antipsychotic medications.

PMH32

NEUROLEPTIC TREATMENT OF SCHIZOPHRENIA IN AMBULATORY CARE IN GERMANY

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OBJECTIVES: To determine current neuroleptic drug utilization patterns of ambulatory care schizophrenic patients in Germany. **METHODS:** Analysis of routine prescription data for the years 2003/2004 of patients insured with the Techniker Krankenkasse sickness fund (covering approximately 6-million insured persons distributed across all German states) with a hospital diagnosis of schizophrenia F20 (ICD-10) in 2003. **RESULTS:** In 2004, 3397 patients with schizophrenia received 28,434 prescriptions for neuroleptic drugs. In total, 33.1% of prescriptions were for typical, 66.9% for atypical neuroleptics. In total, 51.2% of typical neuroleptics prescribed were high-potency, 48.8% low-potency drugs. Olanzapine was the most frequently prescribed atypical (26.5%), followed by Clozapine (21.1%), Risperidone (19.2%), Quetiapine (14.5%), Amisulpride (11.9%), Ziprasidone (6.2%), and Zolopine (0.6%). Analysing prescriptions on an individual patient level gave a similar picture. During a 12 month-period after their first hospital stay in 2003, 1490 patients (43.9%) were treated only with atypical neuroleptics, 555 patients (17.2%) were treated with an atypical plus a low-potency typical neuroleptic as adjuvant therapy. In total, 280 patients (8.7%) received typical neuroleptics only and 245 patients (7.6%) were prescribed both high-potency typical and atypical neuroleptics. The remaining patients received no ambulatory prescriptions for neuroleptics. Some of them may have received drugs from hospital pharmacies which are not recorded in the ambulatory prescription database. **CONCLUSIONS:** Reaching 61% in 2003/2004, the proportion of schizophrenic patients receiving atypical neuroleptic drugs as their main medication in our study population is much higher than previously thought and in the range of other western European countries. However, the share of Clozapine is also much higher than in most countries. Although this non-random sample is not representative of the German population, major differences in prescribing behaviour depending on a patient's sickness fund are